FILING DATE SERIAL NO. MULTIP: DEPENDENT CLAIM
FEE C... CULATION SHEET
(POR USE WITH FORM PTO-875) APPLICANT(S) 09/926791 CLAIMS AFTER AFTER AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. DEP. IND 2 3 4 5 8 9 10 11 12 13 :5 17 :8 21 22 23 25 25 25 TOTAL EPANE. MAY 25 USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENTS COMMERCE